

Kenyon Senior *Living* Volunteer Application

First Name _____ NEED Middle Name _____ Last Name _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: () _____ Email: _____

Cell Phone _____ Work Phone _____ Birthdate: _____

Drivers License _____

*Minnesota Statutes, section 245A.04, subdivision 3,(4), states that a criminal background study is required for Volunteers with direct contact or not being directly supervised before starting to volunteer.

How did you hear about the opportunities at KSH? _____

Have you volunteered at KSH before? When? _____

Please list 2 emergency contacts: (Name and contact numbers)

1. _____

2. _____

Are you under age 18? _____ (If yes, parental permission is required)

Parent Name: _____ and Contact Phone Number: _____

I give my son/daughter permission to volunteer at the KSH.

Parent Signature _____ Date _____

Skills and Interest:

What are your hobbies/interests? _____

Previous volunteer experience? _____

Is there a particular type of volunteer work you are interested in?

(Please check all that apply)

Visiting one to one with a resident

Working with staff only

Office work

Fund raising projects

Answering phone calls

Gardening

Indoor plants

Sports

Religious services, Sunday worship service

Music, playing an instrument, singing.

Working with computers

Helping with special events

Maintenance, grounds upkeep.

Do you have a pet you would like to bring for a visit?

Reading

Writing

Games

Crafts

Escort a resident to a doctor appointment on the van.

Helping with activities, bingo, sing a long

Serving Beverages

Share a hobby or special interest you have

Other: _____

Schedule Preferred: Date available to start _____

Day(s) of the Week _____

Time Frame Available _____

Signature of Volunteer _____ Date _____

Equal Opportunity Employer and Provider

127 Gunderson Blvd * Kenyon * MN * 55946 * 507-789-6134